



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2015-04

Date: May 28, 2015

Re: Efficacy of Naloxone in Cardiac Arrests

Office of the Medical Director

Noel Wagner, MD, NREMT-P

1000 Houghton Ave

Saginaw, MI 48602

(989) 583-7940

Fax (989) 583-7941

www.SaginawValleyEMS.org

All SVMCA ALS Providers:

The SVMCA Professional Standards Review Organization (PSRO) has recently reviewed numerous patient care records where naloxone was given to patients in cardiac arrest. In some cases, naloxone had been given before other critical procedures such as defibrillation or epinephrine.

To be clear, current AHA guidelines do not include naloxone in any treatment algorithm even when the precipitating factor is believed to be an opioid overdose.

To understand why this is, we must consider that opiates are not the cause of a cardiac arrest; it actually results from hypoxia secondary to respiratory depression/arrest. Opiates have essentially no effect on the cardiovascular system.

Naloxone is a potent antagonist of the binding of opioid medication to their receptors in the brain and spinal cord which is why it reverses respiratory arrest. This is why it is very useful for the reversal of the respiratory depression in overdose patients and continues to be a mainstay of the Altered Mental Status protocol. However, naloxone has no effect on the cardiovascular system and once the heart has stopped, it has no purpose even when overdose is suspected.

Therefore, the use of naloxone in the cardiac arrest setting is not appropriate unless there is return of spontaneous circulation (ROSC). Once ROSC has been achieved, the Altered Mental Status Protocol can be utilized and naloxone may then be an appropriate agent to reverse respiratory depression/respiratory arrest.

Thank you

A handwritten signature in black ink, appearing to read 'Noel Wagner'.

Noel Wagner, MD NREMT-P
Medical Director/SVMCA